

NORTHEASTERN ARIZONA INNOVATIVE WORKFORCE SOLUTIONS

Navajo • Apache • Gila Counties

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74 N. Main. Suite 6
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(928) 333-4260 x222
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5515 S. Apache Ave., Suite 200
Globe, AZ 85501
(928) 402-8660 / (928) 402-8549
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APPLICATION FOR WORKFORCE EMPLOYMENT AND TRAINING PROGRAMS

Please complete this application completely and to the best of your ability. If you require assistance, please use the information above to contact the office nearest you.

DEMOGRAPHIC INFORMATION:

Name: _____ Telephone Number(s): _____

Social Security Number: _____ Birth Date: _____ Age: _____

Residential Address: _____ City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Email Address(es): _____

HOW would you like the Workforce Program to help you? _____

Who will always know your whereabouts? (FULL NAME, ADDRESS, & TELEPHONE NUMBER)

1. Name: _____ Telephone Number: _____

Address: _____ Relationship: _____

2. Name: _____ Telephone Number: _____

Address: _____ Relationship: _____

1. Are you a U.S Citizen? ☐ YES ☐ NO

2. Are you a Veteran? ☐ YES ☐ NO

3. Are you the spouse of a Veteran? ☐ YES ☐ NO

4. If required, are you registered with Selective Service? ☐ YES ☐ NO

5. Are you a single parent with responsibility of one or more dependents under the age of age 18? ☐ YES ☐ NO

6. Does your family receive TANF, Food Stamps, SSI or Unemployment? (circle all that apply) ☐ YES ☐ NO

7. How many people live in your home today? _____

8. Are you a foster child? ☐ YES ☐ NO

9. Are you a runaway? ☐ YES ☐ NO

10. Are you a teen parent? ☐ YES ☐ NO

11. Are you homeless? ___ YES ___ NO
12. Do you have a physical or mental impairment that requires special accommodation? ___ YES ___ NO
13. Do you struggle with substance abuse? ___ YES ___ NO
14. Do you have a criminal record? ☐ YES ☐ NO If YES, please explain: _____
15. Are you currently enrolled in school? ___ YES ___ NO
16. Last grade completed: _____ In what year? _____ High School Diploma? _____ GED? _____
17. Last School Attended: _____
18. Vocational School/College: ___ YES ___ NO
19. Are you currently employed? ___ YES ___ NO
20. Have you ever been laid off or received notice of layoff? _____
21. Have you filed for Unemployment Insurance payments? ___ YES ___ NO
22. Are you an Interstate Worker? ___ YES ___ NO
23. Do you consider yourself to be a Migrant or Seasonal Farm Worker? ___ YES ___ NO
24. What types of equipment can you operate? _____

EMPLOYMENT HISTORY FOR THE LAST TWO (2) YEARS:

1. Employer: _____
 Job Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Employed From: ____/____/____ To: ____/____/____ Wage: \$ _____ Hours Per Week: _____
 Reason for Leaving: _____

2. Employer: _____
 Job Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Employed From: ____/____/____ To: ____/____/____ Wage: \$ _____ Hours Per Week: _____
 Reason for Leaving: _____

3. Employer: _____
 Job Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Employed From: ____/____/____ To: ____/____/____ Wage: \$ _____ Hours Per Week: _____
 Reason for Leaving: _____

APPLICANT ROLES AND RESPONSIBILITIES:

1. Provide required documents for the determination of eligibility for Workforce services within 15 business days.
2. Complete the Individual Service Strategy/Individual Employment Plan with your Workforce Development Specialist.
3. Attend all suitable program activities (including Orientation and Assessments).
4. Notify the Workforce program promptly of employment, change of address and/or phone number, and separation with all program requirements.
5. Any applicant unable or unwilling to complete any part of this process may be excluded from Workforce program enrollment and/or services.

I HAVE READ THE STATEMENTS ABOVE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE CURRENT INFORMATION TO THE BEST OF MY KNOWLEDGE AND ABILITY, AND TO ACTIVELY PARTICIPATE IN THE SERVICES OUTLINED IN THE INDIVIDUAL SERVICE STRATEGY/INDIVIDUAL EMPLOYMENT PLAN IN ORDER TO REACH THE PROGRAM GOALS.

Applicant Signature_____

Applicant Printed Name: _____

Date:_____/_____/_____

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PLEASE PROVIDE APPROPRIATE DOCUMENTATION

To make your application process as efficient as possible, please bring as many of the documents outlined below to your first appointment.

You are automatically eligible for WIOA Adult and Youth services if you receive TANF, Food Stamps, or Supplemental Security Income (SSI), or if you are homeless or a foster child. You may also qualify depending on your income or barriers to employment. Those who have been laid off and qualify for unemployment may be eligible for services as well.

Please bring the following documents with you to your initial appointment. Failure to provide documentation may affect your eligibility and will slow your application process.

- ☐ ***Required:*** Picture ID
- ☐ ***Required:*** Social Security Cards for each member of the family
- ☐ ***Required:*** Birth Certificate
- ☐ ***Required:*** Current utility bill or rent receipt showing family name and residential address
- ☐ ***If requested by your Workforce Development Specialist:*** Pay stubs showing total family income for all family members for the LAST SIX (6) MONTHS or last pay stub showing year-to-date wages
- ☐ ***If applicable:*** DD 214
- ☐ ***If applicable:*** Males 18-26 years old must bring Selective Service card or post office receipt showing registration
- ☐ ***If applicable:*** Notification of Layoff or Notice of Separation
- ☐ ***If applicable:*** Current TANF and/or Food Stamp award letter from the Department of Economic Security
- ☐ ***If applicable:*** Unemployment Insurance, Social Security, and/or VA Award Letters
- ☐ ***If applicable:*** Foster Care Agency Letter
- ☐ ***If applicable:*** If you are a person with a disability, a letter from a school, doctor, or other agency
- ☐ ***If applicable:*** If you are on probation or parole, bring a copy of the conditions of your probation or parole

No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration or in connection with any such program because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief.